

# COMPLAINT FORM

## Board of Accountancy Washington State



**Mail to:**  
PO Box 43113  
Olympia, WA 98504-3113

**Express Mail:**  
6639 Capitol Blvd SW, Tumwater, WA 98501-5592

(360) 664-9193  
FAX (360) 664-9190  
[www.cpaboard.wa.gov](http://www.cpaboard.wa.gov)

**INSTRUCTIONS:** Please type or print clearly in ink. Complete all applicable sections of this form fully and accurately. **Attach legible copies of all relevant documents pertaining to your complaint.** You should include all information of which you are aware. Retain a copy for your files. **Please be advised:** The Washington State Board of Accountancy is required to comply with the Public Disclosure Act, Chapter 42.56 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.

If you need assistance in completing or submitting this complaint, contact the Board of Accountancy. If more space is needed, attach extra sheets.

**PLEASE NOTE:** The Washington State Board of Accountancy regulates certified public accountants. The Board is not empowered to resolve fee disputes, award damages, order the return of fees paid, settle disputes over various interpretations of U.S. Tax Code, or to otherwise settle claims. The Board's jurisdiction extends to potential disciplinary actions where violations of the Washington State Public Accountancy Act and or Board Rules are found. The Board cannot render a monetary judgment in your favor. Such actions fall within the jurisdiction of civil courts. The Board can, for cause shown, revoke, suspend, refuse to renew or reinstate, impose a fine, impose full restitution to injured parties, or impose conditions precedent to renewal of the holder of a certificate or license, or refuse to issue any license to an applicant.

### I. INDIVIDUAL(S) AGAINST WHOM YOU ARE FILING A COMPLAINT

Name(s) \_\_\_\_\_  
(First) (Middle Initial) (Last)

Firm Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone (Including Area Code) \_\_\_\_\_

### II. INDIVIDUAL(S) FILING THE COMPLAINT

Name(s) \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address \_\_\_\_\_  
\_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone (Including Area Code) Home \_\_\_\_\_ Work \_\_\_\_\_

**Please Turn to Next Page**

### III. GENERAL INFORMATION ABOUT THE COMPLAINT

I **have** ☐ **have not** ☐ contacted the person(s) complained about to resolve this matter.  
(check one)

I **have** ☐ **have not** ☐ contacted an attorney to assist in resolving this or a related matter.  
(check one)

Attorney's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

List the names of all other agencies with whom you have or intend to file a complaint.

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Have you previously filed complaints about this licensee(s) with the Board of Accountancy?

**Yes** ☐ **No** ☐

If yes, please provide information as to when and what the complaint involved.

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I **am** ☐ **am not** ☐ willing to testify under oath regarding the allegations in this complaint.  
(check one)

If you are not willing to testify, state the reason(s) below.

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### IV. SPECIFIC INFORMATION ABOUT THE COMPLAINT

Please state the specific factual allegations upon which your complaint is based. Include names, dates, and other information you believe to be relevant to your complaint. Use additional sheets of paper if necessary.

***Please attach copies of all relevant documents that directly or indirectly relate to this complaint.***

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*Please attach copies of all relevant documents that directly or indirectly relate to this complaint.*

Please note: Your complaint must be signed for our office to proceed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

The Executive Director and the Enforcement Unit will review your complain and confirm receipt in writing. The Board may ask you to submit additional information or clarification and will notify you as to the final disposition of your complaint.